

WORKPLACE LEARNING AGREEMENT FORM

The Workplace Learning Agreement form must be completed prior to a student undertaking any type of workplace learning as defined by the relevant sector's Workplace Learning Procedure.

Work health and safety is everybody's responsibility in the workplace. For introductory information about your responsibilities as a worker and employer, visit: Simple Steps to Safety on SafeWork SA's website.

School	>	Complete the orange sections
Student and Parent/Caregiver	>	Complete the blue sections
Workplace Learning Provider	>	Complete the green sections

SCHOOL DETAILS

The school completes this section and the declaration in section 3.4.

School name:	School contact name:	School contact phone:
School address:	School contact email:	

WORK PLACEMENT (tick one)

Work experience	<input type="checkbox"/>	Structured workplace learning (VET etc.)	<input type="checkbox"/>	Work trial for potential apprenticeship or traineeship	<input type="checkbox"/>
Industry area or VET course aligned to this placement:					

SECTION 1: ABOUT THE STUDENT

The student and parent/caregiver completes this section and the declarations in sections 3.2 and 3.3.

1.1 1.1.1	Student name:	Student mobile number:	Student email:
	Date of birth:	Year level:	Student home address:
1.1.2	Additional needs: Identify any medical condition, medication, disability or learning needs that may affect placement. Include any reasonable adjustments the student will require while on placement. If none, write N/A.		
1.2 1.2.1	Parent/caregiver name:	Relationship to student:	Parent/caregiver mobile number:
	Alternative emergency contact name:	Relationship to student:	Emergency contact mobile number:
1.3 1.3.1	Does the student need to travel away from home for an overnight stay to access this work placement?		
	Away from home supervisor name:	Relationship to student:	Away from home contact number:
	Away from home address:		



2.6

WORKPLACE INSURANCE

While a student is participating in the work placement, they are covered by:

- the Department for Education self-insurance arrangement (students enrolled in government schools)
- the school's personal accident and public liability insurance policies (students enrolled in non-government schools)

2.6.1

I certify that, the work placement provider: (tick one)

Has a current public liability protection and/or indemnity insurance policy.

OR

The workplace is a large corporation, statutory authority, government department or instrumentality, and stands its own risk in terms of public liability in the event of injury to the student or damage or injury to a third party arising from the actions of the student, but which is attributable to negligence on the part of the work placement provider or their workers or agents.

WORKPLACE LEARNING AGREEMENT FORM AMENDMENTS

All amendments to workplace learning are to be agreed, dated, and recorded in this section or a new form. The student's school is responsible for recording amendments and sharing this information to all stakeholders in **writing or email**. Any amendments must be stored alongside the original agreement.

Where the workplace learning provider (employer) or the parent/caregiver/student requests an amendment to be made, they must inform the school so that relevant information can be documented.

Examples of amendments can include changes to:

- emergency contact information (section 1.2)
- dates and times of work placement or where the student is expected to attend work (section 2.1 or 2.2)
- on-job transport arrangements (section 2.4)
- duties performed by the student on work placement where subsequent PPE needs change (section 2.5)